

Case Number:	CM13-0029321		
Date Assigned:	11/01/2013	Date of Injury:	10/09/2012
Decision Date:	02/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of October 9, 2012. A utilization review determination dated September 20, 2013 recommends, modified certification for the requested pain psychologist 6 visits. The modification recommends psychological evaluation. A progress report dated October 14, 2013 identifies subjective complaints stating, "she reports that she did not get any long-term benefit from the corticosteroid injection in the right shoulder. Recently, [REDACTED] was seen by her primary care physician. She has been evaluated with an MRI scan that identified recurrence of her lung cancer on the right side with associated rib involvement." Physical examination identifies, "physical examination of both shoulders shows of forward flexion and abduction to 150°. There is pain to extremes of motion. These appear good in strength. Distal neurovascular examination is normal." Discussion states, "as for her industrial injury to the shoulders, I have encouraged her to continue on her exercise program previously discussed with her." A progress report dated October 2, 2013 includes a subjective complaint stating, "she has not seen [REDACTED], as we are still waiting for final authorization or some sort of logistic issue between [REDACTED] and the insurance company." Physical examination identifies, "she is somewhat tearful and moves in a very guarded fashion." Impression includes chronic pain syndrome. Treatment plan states, "I really do not have much else to offer her at this time." A work status report dated August 21, 2013 states, "unable to return to work." Recommendation states, "follow-up 6 weeks - pain psychologist." A progress report dated August 21, 2013 identifies the subjective complaints stating, "unfortunately, she continues to have fairly diffuse pain in the cervical and upper trapezius areas bilaterally. She has low back pain as well. Her shoulders still bother her." Physical examination states, "unchanged." Im

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain Psychologist 6 visits with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for pain psychologist 6 visits, the MTUS guidelines indicate that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The ODG guidelines indicate the behavioral interventions are recommended. The guidelines go on to indicate that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, there is no evidence that the employee has undergone a psychological evaluation. The MTUS guidelines clearly recommend the use of a psychological evaluation to determine whether or not the patient's psychological issues are related to the industrial injury. The ODG guidelines recommend an initial trial of psychotherapy, with more sessions being recommended provided there is documentation of objective functional improvement. There is no identification that the employee has undergone an initial evaluation, or has had a successful trial, to warrant an additional 6 psychotherapy visits. In the absence of such documentation, the currently requested "pain psychologist 6 visits" is not medically necessary.